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PATENT APPLICATION	First Inventor		John H. Stevens		P T .	
TRANSMITTAL					28.	
<u> </u>	Title		Endovascular Aor	tic Valve Replacement	24	<u> </u>
(only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Lab	l	EL691443237US			
See MPEP Chapter 600 concerning utility patent appli	ication contents.	ADD		Commissioner for Pate Box Patent Application Washington, DC 2023	1 1	
1. Fee Transmittal Form (e.g., PTC	D/SB/17)	7.		CD-R in duplicate, la	rge tak	ole or
(submit an original and a duplicate for fee pr	tus.	Com	puter Progran	n (Appendix)		
3. Specification [Total Pages 28]		8. N	ucleotide and	or Amino Acid Sequ	ence	
(Preferred arrangement set forth below) - Descriptive Title of the Invention		5	Submission (if	applicable, all neces		
- Cross Reference to Related Applic	ations		a. Computer Readable Form (CRF) b. Specification Sequence Listing on:			
- Statement Regarding Fed sponsor						
- Reference to sequence listing, a ta		i. ☐ CD-ROM or CD-R (2 copies); or ii. ☐ paper				
computer program listing appending - Background of the Invention	X	c.∐\$	Statement verif	ying identity of above o	copies	
 Brief Summary of the Invention Brief Description of the Drawings (if filed)			ING APPLICATION		S
- Detailed Description	ıı nıea)	9.	Assignment I	Papers (cover sheet & docu	ment(s))	.
- Claim(s)		10. [(b) Statement 🔲 Powers an assignee)	er of Att	torney
- Abstract of the Disclosure		11.[lation Document <i>(if app</i>	olicable))
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4. 🗵 Drawing(s)(35 USC 113) [1otal	4. ☑ Drawing(s) <i>(35 USC 113)</i> [Total Sheets4] (IDS)/PTO-1449 ☐ Copies of IDS Citations					
5. Oath or Declaration [Total	Pages2]] Preliminary A	mendment		
a. Newly executed (original or cop	y)		Return Recei	ot Postcard (MPEP 503	3)	
b. Copy from a prior application (3		45 [(Should be sp	ecifically itemized)		
(for continuation/divisional with Box 18 completed) i. □ DELETION OF INVENTOR(S) 15.□ Certified Copy of Priority Document(s) (if foreign priority is claimed)						
Signed statement attached	deletina	16. [Certifications under 35	U.S.C.	122
inventor(s) named in the prior application, (b)(2)(B)(i). Applicant must attach form						
see 37 CFR 1.63(d)(2) and	see 37 CFR 1.63(d)(2) and 1.33(b). PTO/SB/35 or its equivalent. 17. ☐ Other					
6. Application Data Sheet. See 37	CFR 1.76					
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a						
preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:						
Prior application information: Examiner I	D. Isabella G	Froup A	Art Unit: 3738			
For CONTINUATION or DIVISIONAL APP	ro only: The en Sh. is considered	nire dis	sciosure of the	prior application, from the accompanies	which a	n
oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be						
relied upon when a portion has been inadvertently omitted from the submitted application parts.						
19. CORRESPONDENCE ADDRESS ☑ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below						
						
Address: Johnson & Johnson						
One Johnson & Johnson Plaza						
New Brunswick, NJ 08933-7003 USA						
20. TELEPHONE CONTACT						
Please direct all telephone calls or telefaxes to E. Richard Skula at: Telephone: (732) 524-2718 Fax: (732) 524-2808						
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
NAME E. Richard Skula	LIONIVI, AIII	OININE	. I, UK AGEN	Reg. No. 31061		
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DATE October 23, 2001		•				

	Complete if Known			
	Application Number			
FEE TRANSMITTAL	Filing Date	October 23, 2001		
	First Named Inventor	Stevens		
	Group Art Unit	3738		
	Examiner Name	D. Isabella		
	Attorney Docket Number	HRT-287		

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	14 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	12 - 3 =	9	x 80.00	\$ 720.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$270.00	
		TOTAL FEES	\$1,430.00	

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/HRT287/ERS in the amount of \$1,430.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/HRT287/ERS. Three copies of this sheet are enclosed.

SUBMITTED E	BY:		Complete (if applicable)
Typed or Printed Name	E. Richard Skula 🕜		Reg. No. 31,061
Signature	M Dula	Date: 10/23/01	Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John H. Stevens

For : ENDOVASCULAR AORTIC VALVE REPLACEMENT

Express Mail Certificate

"Express Mail" mailing number: EL691443237US

Date of Deposit:

October 23, 2001

I hereby certify that this complete Request for Continuation Application, including specification pages, claims, formal drawings, and a copy of the Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Karen Hall-Morgan
(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)